information available, for some countries in the region is as given below:—

YEAR	INDIA	CHINA	"PAKISTAN
1990-91	2.88	5.42	7.16
1991-92	2.65	5.52	7.74
1992-93	2.50	5.20	7.45
1993-94	2.78	5.53	6.49
1994-95	NA	5.63	6.08

India's Defence spending as a percentage of GDP is less than that, of most of the Asian countries. However, due to lack of transparency in the Defence Budgets of certain countries and in the absence of uniform parameters, especially considering various criteria adopted by different countries in classifying and compiling defence expenditure, it is not possiBfe to compare the absolute and relative defence effort and military potential 6f a country expressed in terms of defence expenditure.

India's defence expenditure during the past few years has not remained static. Every year, a portion of the defence budget is earmarked for undertaking modernisation.

Appropriate measures are taken by the Government to ensure adequate level of defence preparedness.

Displaying the List of ZRUCC

1777. SHRI CHATURANAN MISHRA: Will the PRIME MINISTER be pleased to state:

(a) the names of zonal railways which have published names and addresses of members of their respective Zonal Railway Users Consultative Committee (ZRUCC) in their Time Tables;

(b) the reasons for which N.F. Railway has not published said names and addresses in its Time Table; and

(c) whether Government proposes to direct N.F. Railway to display the list of Zonal Railway Users Consultative Committee members at important Railway Stations'?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI SURESH KALMADI): (a) and (b) The Railway Time Table is meant basically to provide information regarding train schedules. In addition, certain commercial information is included. The Ministry of Railways directed the Zonal railways to review and prune the information contained in their respective time tables following which the list of ZRUCC members ha* not been included in the time tables of North east Frontier and Northern Railways. The other Zonal Railways are likely to do the same from next year.

(c) No, Sii.

सौराष्ट्र कच्छ क्षेत्र में भूमिहीन किसान

1778. **श्री गोपाल सिंह जी.सोलंकी**: क्या ग्रामीण क्षेत्र और रोजगार मंत्री यह बताने की कृपा करेंगे कि:

(क) सौराष्ट्र कच्छ क्षेत्र में भूमिहीन किसानों की अनुमानि संख्या कितनी हैं;

(ख) क्या सरकार ने इन किसानों को भूमि उपलब्ध कराने हेतु कोई योजना तैयार की हैं;

(ग) यदि हां,तो तत्संबंधी ब्यौरा क्या हैं;

(घ) उन्हें कब तक भूमि उपलब्ध करा दी जायेगी;और

(ड़) यदि नहीं,तो इसके क्या कारण हैं?

ग्रामीण क्षेत्र और रोजगार मंत्रालय (ग्रामीण विकास विभाग) में राज्य मंत्री (श्री उत्तमभाई एच.पटेल): (क) मंत्रालय द्वारा इस विषय से संबंधित क्षेत्रवार ब्यौरे नहीं रखे जाते हैं । वैसे 1991 की जनगणना के अनुसार गुजरात राज्य में भूमिहीन व्यक्तियों की संख्या 3,230,547 थीं।

(ख) से (ड़) भूमिहीन व्यक्तियों को भूमि प्रदान करने के लिए कोई भी योजना भारत सरकार के ग्रामीण क्षेत्र एवं रोजगार मंत्रालय में नहीं हैं,क्योंकि भूमि और इसके प्रबंध का दायित्व मुख्य रूप से राज्य सरकारों का हैं । हालांकि भारत सरकार

इसमें परामर्श एंव समन्वय से संबंधित भूमिका अदा करती हैं । इस मंत्रालय में उपलब्ध अब तक की सूचना के अनुसार राज्य सरकार के पास अधिकतम सीमा से फालतू भूमि 99220 एकड़,193.63 लाख एकड़ सरकारी बंजरभूमि 7 लाख एकड़े भूदान की भूमि वितरण के लिए शेष पड़ी हैं । इसके अतिरिक्त,राज्य सरकार के पास एक और कार्यक्रम हैं जिसके अंतर्गत 1980 या उससे पहले से नियमित कृषि कार्यो के लिए भूमिहीन व्यक्ति वन की जिस भूमि का प्रयोग करते आ रहे हैं,उसे औपचारिक तौर पर उन्हें ही आबंटित कर दिया जाए । साथ ही,वर्तमान सीलिंग नियमों का कड़ाई से पालन कर कुछ अतिरिक्त भूमि भी दी जा सकती हैं । फिर भी उपरोक्त समस्त भूमि संसाधनों के विरतण से भी संबंधित राज्य /क्षेत्र के 32 लाख भूमिहीन जनता को संतुष्ट नहीं किया जा सकता हैं । मुकदमों में फंसी अतिक्रमण और अन्य संभारीय समस्याओं के कारण उपरोक्त भूमि को निर्धारित अवधि में वितरित भी नहीं किया जा सकता हैं । फिर भी,मंत्रालय इन भूमि संसाधनों को गांव के भूमिहीन गरीबों में जल्द से जल्छ वितरित कराने के लिए निरन्तर प्रयास कर रही हैं ।

MOUs with PSUs

1779. SHRI SANATAN BISI: Will the Minister of INDUSTRY be pleased to state the details of Public Sector Undertakings where the concept of memorandum of understanding has been accepted and implemented by Government.

THE MINISTER OF STATE IN THE MINISTRY OF INDUSTRY (Dr. C. SILVERA): During the year 1995-96, 105 MOU will be signed with the PSUs. This will cover 160 PSUs including subsidiaries.

Dress of Nurses in Delhi Hospitals

1780. SHRI TARA CHARAN MAJUMDAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it has been reported that Nurses in various Government hospitals of Delhi have switched to camel coloured sarees or salwar kameezes with a white coat;

(b) if so, the details thereof with names of concerned hospitals;

(c) whether some background exist for such switch over;

(d)~ whether such switch over and colour of new uniform has the approval of Government; and

(e) if so, the details thereof and if not, the action propose to be taken in this regard?

,

A

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) to (e) The All India Government Nurses Federation has taken a unilateral decision to change their prescribed uniform. The Central Government hospitals in Delhi have been requested to ensure that nurses wear the prescribed uniform.

Findings of the Technical Advisory Committee on Plague

1781. SHRI E. BALANANDAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Technical Advisory Committee set up by the Government in October, 1994 to look into causes, effects, remedies of plague after Surat episode has submitted its report; and

(b) if so, what are the findings of the said Committee?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) Yes, Sir.

(b) (i) The Committee concluded that the outbreak was due to Plague bacillus Y. Pestis based on epidemiological ecological and microbiological evidence.

(ii) The Committee observed that while expertise is available for the study of microbes, diagnostic capabilities need to be upgraded at the peripheral level.

(iii) The Committee recommended establishment of a national surveillance and response system for the control and prevention of infectious disease.